



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

**D5533-200**  
**Job Sheet 186821**



Part No: D5533-200

Job Qty: 6 ea

DAS  
21  
9-89

Part Name: Placard, Max Load



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 11/21/18

Job Tracking No:

Due Date: 12/7/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG D5533 IPP REV:A 17.08.30 NEW ISSUE DD VERF:DP

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation  | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off             |
|-------|------------|-------|------------|----------|-----------|---------|-----------------------|-----------|----------------------|
|       |            |       |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier | Lead Time |                      |
| 100   | Purchasing | 6 pcs | 12/7/18    | 12/7/18  | 0.00      | 0.00    | Purchasing            |           | NOV 28 2018          |
| 110   | Packaging  | 6 pcs | 12/7/18    | 12/7/18  | 0.00      | 0.00    | Packaging2            |           | NOV 28 2018          |
| 120   | QC         | 6 pcs | 12/7/18    | 12/7/18  | 0.00      | 0.00    | QC6                   |           | 61                   |
| 130   | Packaging  | 6 pcs | 12/7/18    | 12/7/18  | 0.00      | 0.00    | Packaging3-31/67      |           | DEC 03 2018 9-89 DAS |
| 140   | QC21-SA    | 6 Ea  | 12/7/18    | 12/7/18  | 0.00      | 0.00    | QC21                  |           | DEC 04 2018 21       |

Part Op 100 - Issue P/O: 041808 Possible supplier: P&L Printing Manufacture as per Dwg D5533-200 (Laser etch) Material  
Descriptions: release note required

Exp. 2019-11-28

### Job BOM

| Part / Item | Component Name    | Quantity     | Operation      | Container |
|-------------|-------------------|--------------|----------------|-----------|
| D5533-200P  | Placard, Max Load | 6 pcs (1 ea) | 100-Purchasing | 5132417   |
|             | CCX12             | 12           |                |           |

### Job Allocations

| Operation      | Component Part | Required | Inventory | Allocated |
|----------------|----------------|----------|-----------|-----------|
| 100-Purchasing | D5533-200P     | 12       | 0         | 0         |

### Part Specifications

Specifications could not be found.

Plex 11/21/18 2:37 PM Dart.lajeunesse.marie



Container No: S132440



Part: D5533-200

Job No: 186821

Serial No/Batch: S132440

Revision: A

Inspector:

Exp Date:

Instructions: Various STC's

Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
CANADA  
TEL: 1 613 632-5200  
Email: sales@dartaero.com  
www.dartaerospace.com

Date: 11/28/18



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

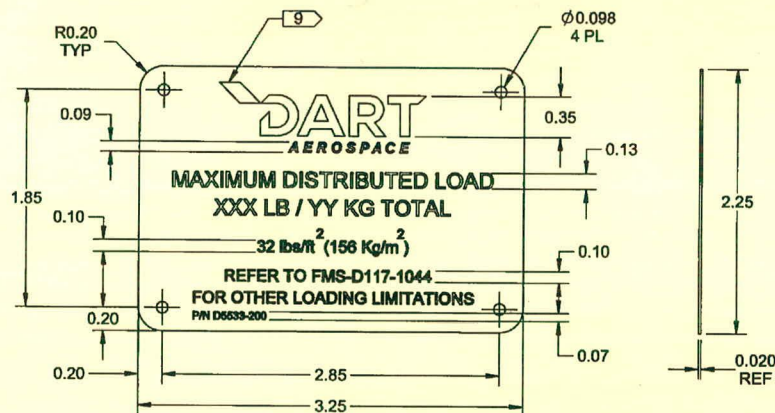
QA-Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | QC / QA Coordinator Approval                 |  |
| <b>Root Cause</b><br><div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                              |  |

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WITHOUT NOTICE  
WORK ORDER

NO. 186821 WCS  
(8-1)-21



**D5533-XXX PLACARD, MAX LOAD**  
(XXX = ALLOWABLE WEIGHT)

| PART NUMBER | LOAD           |
|-------------|----------------|
| D5533-200   | 200 lb / 91 kg |

**NOTES:**

- 1) MATERIAL: DURABLACK SHEET, 0.020 THICK  
PER A-A-50271 (MIL-P-514D) OR MIL-STD-15024F, TYPE L OR MIL-STD-130N  
REF DART SPEC MDUBLKS.020
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: N/A
- 8) PART NUMBER = D5533-MAX DISTRIBUTED WEIGHT IN POUNDS (lbs) OF THE BASKET.  
EXAMPLE: D5533-200 IS A BASKET WITH MAX DISTRIBUTED WEIGHT OF 200 POUNDS (lbs)
- 9) LASER ETCH MATERIAL WITH ALL TEXT SHOWN

RELEASED  
2018-01-08  
ECN 12-793

APPROVED

| A          |             | NEW ISSUE |      | RF   |             | 17.07.24 |      |
|------------|-------------|-----------|------|------|-------------|----------|------|
| REV.       | DESCRIPTION | BY        | DATE | REV. | DESCRIPTION | BY       | DATE |
| DESIGN     | RF          |           |      |      |             |          |      |
| DRAWN      | RF          |           |      |      |             |          |      |
| CHECKED    | WK          |           |      |      |             |          |      |
| MFG. APPR. | DD          |           |      |      |             |          |      |
| APPROVED   | HS          |           |      |      |             |          |      |
| DE APPR.   | DS          |           |      |      |             |          |      |
| DATE       | 17.07.24    |           |      |      |             |          |      |

**DART AEROSPACE USA, INC.**  
EUGENE, OR

DRAWING NO. **D5533** REV. A  
SHEET 1 OF 1  
TITLE **PLACARD, MAX LOAD** SCALE NTS

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WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.







Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# **PURCHASE ORDER** **PO041808**

**Supplier:** PLP001-VC  
P & L Printing  
19226 Airport Road  
Summerstown  
ON  
KOC 2EO Canada  
Phone: 613-931-1241

**PO No:** PO041808  
**PO Date:** 11/21/18  
**Due Date:** 11/29/18  
**Purchase Order**  
**Revision:**  
**Revision Date:**  
**Ship-To Contact:** Tsimiklis, ChrisoulaPhone:

**Ship To:** 1270 Aberdeen Street  
Hawkesbury  
ON  
K6A 1K7 Canada  
Phone: 613-632-5200

**Via:** Ground  
**Pynt Terms:** Net 30  
**Freight Terms:**  
**Special Comments:**

## Items

| Line Item           | Job    | Part       | Supplier Part No | Item No | Description                                                        | Status | Account | Due Date    | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price  |
|---------------------|--------|------------|------------------|---------|--------------------------------------------------------------------|--------|---------|-------------|----------------|-------------------|---------|------------------|-----------------|
| 1                   | 186821 | D5533-200P |                  |         | Placard, Max Load<br>: Various STC's                               | Firmed | -       | 11/29/18    | 12 pcs         | 0 pcs             | 12 pcs  | \$12.00/pcs      | \$144.00        |
|                     |        |            |                  |         |                                                                    |        | 12 X    | NOV 28 2018 |                |                   |         | 61 9-89          |                 |
| 2                   | 186887 | D4917-300P |                  |         | Placard, Max Load<br>: Various STC's<br>As Per Dwg<br>D4917 Rev. B | Firmed | -       | 11/29/18    | 12 pcs         | 0 pcs             | 12 pcs  | \$12.00/pcs      | \$144.00        |
|                     |        |            |                  |         |                                                                    |        | 12 X    | NOV 28 2018 |                |                   |         |                  |                 |
| <b>Grand Total:</b> |        |            |                  |         |                                                                    |        |         |             |                |                   |         |                  | <b>\$288.00</b> |

## Order Notes

Terms & Condition of Purchasing(Suppliers) and Procurement Quality Clauses are an integral part of our AS9100 requirements. To learn in detail, please visit [www.dartaerospace.com](http://www.dartaerospace.com) for further explanation.

Procurement Quality Clauses  
A005 RIGHT OF ENTRY  
A007 FIRST ARTICLE INSPECTION (FAI) BY SELLER, (DOCUMENTATION MAINTAINED BY SUPPLIER)  
A012 CHEMICAL AND PHYSICAL TEST REPORTS  
A016 PERSONNEL QUALIFICATION  
A017 RAW MATERIAL IDENTIFICATION (AS APPLICABLE)  
A026 CERTIFICATION OF MATERIAL CONFORMANCE  
A041 QUALITY MANAGEMENT SYSTEM  
A042 DART NOTIFICATION BY SUPPLIER  
A043 RETENTION OF QUALITY DOCUMENT  
  
A048 COUNTERFEIT PARTS AVOIDANCE, DETECTION, MITIGATION AND DISPOSITION PROGRAM  
  
A049 SUPPLIER AWARENESS

Plex 11/28/18 9:19 AM dart.belanger.natasha







19226 Airport Road  
Summerstown, ON  
K0C 2E0 Canada

Tel. 613-931-1241  
Fax 613-931-2560  
plprinting@bellnet.ca



19226 Airport Road  
Summerstown, ON  
K0C 2E0 Canada

# PACKING SLIP

**SOLD TO**

DART AEROSPACE LTD  
1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**SHIPPED TO**

DART AEROSPACE LTD  
1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**DATE** Nov 25, 2018

**P.O NUMBER** PO41808

**ITEM DESCRIPTION**

DAS  
61  
9-89

**QUANTITY****COMMENTS**

D5533-200P Placard, Max Load

12

AS PER DWG D5533 Rev. A

D4917-300P Placard, Max Load

12

AS PER DWG D4917 Rev. B







19226 Airport Road  
Summerstown, ON  
K0C 2E0 Canada

Tel. 613-931-1241  
Fax 613-931-2560  
plprinting@bellnet.ca

# CERTIFICATE OF COMPLIANCE

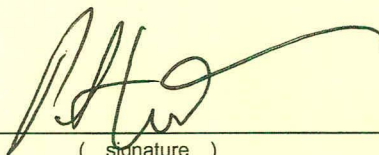
Customer : Dart Aerospace  
Address : 1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7

P.O. # 41808 ✓

| ITEM | PART NUMBER  | DRAWING REQUIREMENT | QTY  |
|------|--------------|---------------------|------|
| 1    | D5533-200P ✓ | D5533 Rev. A        | 12 ✓ |
| 2    | D4917-300P ✓ | D4917 Rev. B        | 12 ✓ |

DAS  
61  
9-89

**P & L PRINTING certifies that all items covered by this document have been inspected and conforms to or exceeds the requirements of the purchase order.**

  
( signature )

**Peter Watson**

**Nov 25, 2018**

( date )

